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ABSTRACT

In the fall of 1990 the Nevada Department of Education responded to the concern regarding school counselors' training in alcohol and other drug abuse by conducting a survey of all identified elementary and secondary school counselors in Nevada. All 349 school counselors identified by the Department of Education were contacted; 276 school counselors responded to the survey. The results suggested that the large majority of school counselors in Nevada have had extensive and recent training in the area of alcohol and drug abuse. Specific results include: (1) 92.8% of school counselors have received some form of alcohol and other drug abuse training; (2) of counselors indicating the dates of their most recent training 78.2% have received their most recent training within the last 2 years; (3) those receiving training from other sources averaged 32.2 hours of training; (4) school counselors believe that alcohol and other drug abuse training is important in their role as counselor; (5) 88.2% see a need for continuing education regarding alcohol and other drug abuse; (6) 79.6% indicated that substance abuse training is available to them, but a significant percentage of school counselors (12.6%) indicated they did not know whether such training is available to them; and (7) a majority of school counselors saw identification of substance abuse, intervention techniques, and family considerations as critical components of training for school counselors. (ABL)

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BACKGROUND AND OPINIONS OF NEVADA SCHOOL COUNSELORS ON ALCOHOL AND OTHER DRUG ABUSE TRAINING

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February, 1991

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Executive Summary

In the Fall of 1990, the Nevada Department of Education responded to the concern regarding school counselors' training in alcohol and other drug abuse by conducting a survey of all identified elementary and secondary school counselors in Nevada. Two hundred seventy-six counselors responded to the survey, roughly 79% of all counselors surveyed. The results suggest that the large majority of school counselors in Nevada have had extensive and recent training in the area of alcohol and other drug abuse. Specific results include:

- 92.8% of school counselors have received some form of alcohol and other drug abuse training, with a large majority having exceeded the Statewide Working Committee's recommendation of one graduate university credit or one continuing education credit or one professional growth credit in the subject area;
- of counselors indicating the dates of their most recent training, 22.7% have received their most recent training in the last six months and 78.2% have received their most recent training within the last two years;
- counselors receiving university/college-level training average 3.96 credits in the area of substance abuse;
- those receiving training from other sources average 32.2 hours of training;
- over one half of school counselors trained in alcohol and other drug abuse have received training in 16 of 19 component training areas identified by the Statewide Working Committee;
- school counselors believe that alcohol and other drug abuse training is important in their role as a counselor;
- 88.2% see a need for continuing education regarding alcohol and other drug abuse;
- 79.6% indicated that substance abuse training is available to them – but a significant percentage of school counselors (12.6%) indicated that they did "not know" whether such training is available to them;

- 57.8% of counselors believe that more training should be made available to them; and
- a majority of school counselors see identification of substance abuse, intervention techniques, and family considerations as critical components of training for school counselors, and a significant number also identify prevention/education and referral sources as important components of alcohol and other drug abuse training.

Over the last decade, teenage alcohol and drug abuse has become the focus of increased concern across the country. Such concern appears warranted when faced with national statistics on juvenile substance use and with studies linking youth substance abuse with criminal activity, incarceration, suicide, and automobile accidents. (See Crowe, 1990, for a relatively comprehensive review of alcohol and other drug abuse research and findings.) Further, youth are among the primary targets for victimization by other individuals who abuse alcohol and other drugs. For example, in 1987, 47 percent of substantiated child abuse cases in Washoe County, Nevada involved drugs.

Successful interventions to address the young person's problems related to alcohol and other drug abuse are complicated by inadequate identification efforts and insufficient provision of treatment services. According to a survey of 41 State Alcohol and Drug Abuse Directors, at least 1.6 million adolescents need treatment for alcohol and other drug abuse, but less than 10 percent of these adolescents are receiving treatment (National Association of State Alcohol and Drug Abuse Directors, 1990).

Greater attention has been directed toward the potential impact of school counselors in identifying at-risk youth and in facilitating prevention and intervention programs to reduce substance abuse among students. In this regard, effective September 1, 1990, all new school counselors in Nevada must have alcohol and other drug abuse training in order to meet State licensure requirements. However, some concern has been expressed by members of the Nevada State Legislature regarding the alcohol and other drug abuse training of school counselors licensed prior to the September 1, 1990 regulations.

A statewide committee (see *Appendix A*) was formed through the Nevada Department of Education to review and discuss the alcohol and other drug abuse training of Nevada's school counselors. With the considerable assistance of this committee, the Department of Education developed a survey instrument (see *Appendix B*) to identify the background and opinions of Nevada school counselors on alcohol and other drug abuse training. The present study reports the findings of that survey.

Method

Participants

All school counselors identified on a list maintained at the Nevada Department of Education and updated by local school districts were invited to participate in the present study. Three hundred forty-nine individuals in all school districts except Esmeralda and Eureka County were contacted. There are presently no counselors in either district, although Eureka has two vacant counseling positions

Materials

The survey instrument (see *Appendix B*) included forced choice, fill-in-the-blank, and open ended items. Participants were asked whether they had ever received alcohol and other drug abuse training and, if so, what type of training they have had, what components were included in the training, who provided the training, the number of credits/hours involved, and the date of the training. They were asked to rate the importance of such training to counselors, list what they believe to be the important components of such training, and to respond to questions regarding the availability and need for such training. The survey concluded with a request for their sex and principle workplace, and a section for their general comments were provided. Prior to finalizing the contents of the survey, the Statewide Working Committee provided valuable input that was instrumental in the finished product.

Procedure

In October, 1990, the Alcohol/Drug Abuse Training Survey was distributed to all Nevada school counselors identified on the list mentioned above. The survey was mailed directly to counselors at rural schools by the Department's staff. Ms. Betty Barker and Ms. Dorothy Robinson distributed the survey to counselors in Washoe and Clark County School Districts, respectively. Follow-up contact was made in November, 1990 to encourage school counselors to return their completed surveys. The final deadline for submission (December 7, 1990) was extended to allow for late returns.

Of the 349 counselors contacted in this manner, 276 (79.1%) responded – a response rate sufficient to report the present findings. One hundred eighty nine females and 85 males , 68.5 percent and 30.8 percent of the respondents, respectively, returned completed surveys. One hundred twenty-nine (46.7%) indicated that their principal workplace was the high school, 67 (24.3%) indicated middle/junior high school, 77 (27.9%) indicated elementary school, and three respondents did not indicate their principal workplace.

Results

Prior Training

Two hundred fifty-six (92.8%) of the 276 respondents indicated that they have received some form of alcohol and other drug abuse training. The sources of their training, the number of respondents for each source, and the percentage of those individuals who have received training is provided in *Table 1*. The "Other" category was used most often by respondents as an "overflow" space for listing specific training that would fall into one of the other categories. A few participants used the "Other" category to indicate their BADA

Table 1

Number of Participants and the Percentage of Those Trained in Each Source of Alcohol and Other Drug Abuse Training.

Source	Number Trained	Percentage of Those Trained
Workshops/Seminars	162	63.3
University Coursework	140	54.7
School District In-Service	119	46.5
Drug-Free Schools Program	67	26.2
Community Resource	51	19.9
State In-Service	40	15.6
Bureau of Alcohol & Drug Abuse	40	15.6
Professional Organizations	39	15.2
Other Training	49	19.1
No Training	20	

---

certification, certifications related to drug abuse counselling, and training from other sources such as law enforcement and the military.

The average number of university/college credits related to alcohol and other drug abuse taken by those having university training is 3.96 credits. (Sixteen individuals indicated that they had university/college training but did not indicate the number of credits earned.) The average number of hours spent in all non-university training listed in *Table 1* by counselors who have received such training is 32.2 hours. (Seventy nine individuals indicating that they had non-university training did not indicate *any* number of hours spent in such training.) The figure provided for the average number of hours spent in non-university training probably underestimates the actual average since often the hours spent in some categories from *Table 1* were left blank by participants. A partially successful effort was made to contact state and district personnel for the hours of specific training programs so that those hours could be included wherever possible.

Given their geographic isolation, it might be assumed that the school counselors from the rural areas would have received less training in alcohol and drug abuse beyond that received in their university or college coursework. Surprisingly, rural counselors who reported hours spent in non-university substance abuse training reported the most average hours of such training (46 hrs.). However, much of this total is attributable to one person who reported an unusually high number of hours of training -- 352 hours. If the contribution of this person's data is removed, the average number of non-university training for rural school counselors is 35.4 hours. Still, this amount is significantly higher than the average of 21.3 hours of non-university training reported by school counselors in Clark County, the State's largest urban area. In the State's other principally urban area, Washoe County, school counselors reported an average of 40.2 hours of non-university training in alcohol and drug abuse.

In addition to the extent of alcohol and other drug abuse training, most school counselors have maintained current training in the area. Two hundred two of the

respondents with training indicated dates for the training. Of those providing training dates, 27.2% (55) indicated that their most recent training has occurred in the last six months, 52% (105) have had training within the past year, 78.2% (158) received training within the past 2 years, and 91.1% (184) had training within the last four years. Only 5.9% (12) of those indicating training dates received their most recent training more than five years ago. (See *Figure 1.*)

Participants were asked to identify the specific contents of their training. *Table 2* lists the components that were included in the training the school counselors have received and the percentage of respondents receiving training in each component. The figures provided reflect the percentage of those who have received alcohol and other drug abuse

Figure 1
Time Frames for School Counselors' Most Recent Training in Alcohol and Other Drug Abuse

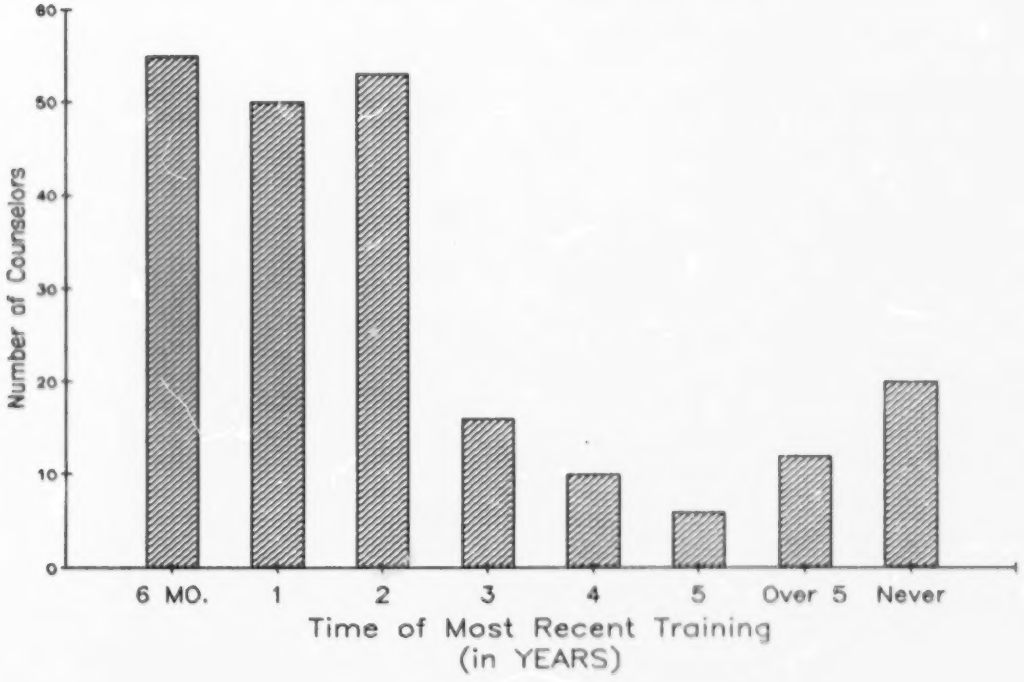

Table 2

Components of School Counselors' Alcohol and Other Drug Abuse Training and the Percentage of Those Receiving Training in Each Component.

Component of Training	Percentage of Those Trained
Signs and Symptoms of Student Chemical Use	92.2
Identifying Behaviors that Positively & Negatively Affect Student Abusers	89.5
Chemical Dependence and the Individual	81.3
Chemical Dependence, the Family System, & Co-Dependency	79.3
Enabling Behaviors for Alcohol & Other Drug Abuse	78.9
Legal Aspects of Alcohol & Other Drug Abuse	73.8
School District Alcohol & Drug-Related Policies & Administrative Regulations	68.8
Intervention Techniques	66.4
Children of Alcoholics	66.0
Resources Available in Nevada for Alcohol & Other Drug Abuse Referral	65.2
Confidentiality Issues Related to Alcohol & Other Drug Abuse	63.7
Prevention Techniques	62.5
Techniques of Counseling & Methods of Treatment	62.1
Peer Counseling/Helping Programs	57.0
Alcohol & Drug Pharmacology	53.9
Techniques for Dealing with Denial Behaviors	53.5
HIV/AIDS Related to Alcohol and Other Drug Abuse	39.8
Relapse Prevention/Aftercare	35.5
Case Management & Planning	23.0

training rather than a percentage of the total number of respondents.

Counselor Opinions

The school counselors were asked to indicate on a scale from one to five, with one being "not at all" and five being "extremely," how important they believe alcohol and other drug abuse training is in their role as a counselor. The mean rating was 4.14, suggesting that they view such training as important to their role as a counselor.

Participants were asked to list, in order, the five main components of alcohol and other drug abuse training that they believe are critical for school counselors. Thirty-seven respondents made no comments, leaving 239 counselors responding to this item. Percentages reported here are the percent of those 239 respondents to this item. *Table 3* lists the components identified by the counselors, the percentage identifying each, and the

median rank order of each component with 1 being the highest and 5 being the lowest. Sub-areas of training were indicated when they specifically were mentioned by 20% or more of those providing comments to this item.

Nearly every respondent (235) included identification as a critical component of alcohol and other drug abuse training. Specific topics mentioned within the identification component included signs and symptoms of chemical use (174) and the impact of substance abuse on the individual (61). Intervention was another major area identified as critical. Two hundred nineteen respondents noted topics related to intervention, with 178 identifying various treatment techniques and 41 mentioning dealing with denial specifically. A reasonably high number of respondents (161) considered various family considerations as critical to alcohol and other drug abuse training. One hundred three respondents noted family dynamics and dysfunctions such as co-dependence and enabling behaviors as significant for training, and 58 mentioned training regarding children of drug abusers specifically.

Table 3

Training Components Identified as Critical by School Counselors, the Percentage Identifying the Component as Critical, and the Median Rank of Each Component's Importance.

Component	Percentage	Median Rank
Identification	**98.3**	**1.61**
Signs & Symptoms of Abuse	72.8	1.32
Impact on the Individual	25.5	2.36
Intervention	**91.6**	**2.93**
Family Considerations	**67.4**	**2.96**
Dynamics/Dysfunction	43.1	3.10
Children of Drug Abusers	24.3	2.75
Prevention/Education	**54.0**	**1.87**
Referral Sources	**46.9**	**3.57**
Legal/Ethical Issues	**34.3**	**3.55**
Aftercare	**19.2**	**4.42**
AIDS/HIV	**1.7**	—
Bureau of Alcohol & Drug Abuse	**0.4**	—

Surprisingly, only slightly more than half of the respondents (129) identifiedprevention and education as a critical component in training, and even fewer (112) considered referral services as critical. Legal and ethical considerations were considered as important by 82 respondents, identifying various subcomponents such as the policies of educational agencies (32) and confidentiality issues (27) specifically. Forty-six mentioned aftercare, and both AIDS/HIV (4) and BADA (1) training were mentioned by less than one percent of the respondents.

As indicated in *Table 3*, the importance that school counselors attach to training involving identification of alcohol and other drug abuse closely corresponds to the number of counselors identifying the component as critical. Indeed, training in signs and symptoms of substance abuse was listed as the top priority. Training on the impact of substance abuse on the individual was listed slightly above the number two slot in importance. Intervention techniques, the other training component listed by a large number of counselors, was given moderate importance. Although training in prevention and education was less frequently identified as critical by counselors, those that did list prevention and education gave it a higher priority than training in intervention techniques. Training in family related considerations was given moderate importance, and somewhat lower importance was given to legal/ethical issues, referral sources, and aftercare. It should be noted that every component, except AIDS/HIV and BADA training, listed in *Table 3* was considered important enough to be listed by some of the school counselors as one of five most critical components in alcohol and other drug abuse training.

Of the 272 counselors responding to an item on school counselors' need for continuing education regarding alcohol and other drug abuse, 240 responded "yes," 21 "no," and 11 "didn't know." Two hundred sixty-nine counselors responded to an item on the availability to them of alcohol and other drug training. Two hundred fourteen indicated "yes" such training was available to them, 21 responded "no," and 34 selected "don't know." On the issue of "should more training be made available to you," 152 counselors indicated "yes,"

Table 4

Percentage of Respondents' Selections for Items Concerning the Need and Availability of Alcohol and Other Drug Abuse Training.

Item Content	Yes	No	Don't Know
Do school counselors need continuing education regarding alcohol and other drug abuse?	88.2	7.7	4.0
Is alcohol and other drug abuse training available to you?	79.6	7.8	12.6
Should more training be made available to you?	57.8	30.8	11.4

81 "no," 30 "didn't know," and 13 did not respond to the question. *Table 4* provides the percentages of respondents' selections for these questions.

Discussion

Judging from the responses to the present survey, counselors practicing in Nevada's elementary and secondary schools have had extensive and current training in alcohol and other drug abuse. Over nine out of every ten counselors responding have had some form of substance abuse training. Respondents with university-level training average nearly four credits, and those with training from other sources average over 30 hours of training. Over one half of the respondents with training in alcohol and other drug abuse have been trained in 16 of the 19 areas identified by the State's Working Committee on school counselor substance abuse training. The majority of those trained have received their most recent training in the last two years.

Consistent with the large percentage of school counselors that have been trained in alcohol and other drug abuse, the opinions surveyed suggest that they view such training as important to them in their role as a counselor. A large majority see the need for continuing education regarding alcohol and other drug abuse. Alcohol and other drug abuse training appears to be available to a large majority of the counselors surveyed, and a

slight majority believe that more training should be made available to them. However, nearly 13 percent of counselors do not know if alcohol and other drug abuse training is available to them, suggesting a greater effort could be extended to inform school counselors of available training.

A majority of school counselors view identification of substance abuse, intervention techniques, and family considerations as critical components of alcohol and other drug abuse training. Large numbers also cite prevention/education and referral sources as critical components of training. Others note legal/ethical issues and aftercare as important.

The Statewide Working Committee has suggested that BADA certification is not necessary for school counselors because of its emphasis on treatment and diagnosis. Rather, more relevant training for school counselors should focus on prevention, intervention, and referral to appropriate school and/or community resources. The Committee has recommended that all school counselors have a minimum of one university graduate credit or one continuing education unit or professional growth credit in the alcohol and other drug abuse field. The results of the present survey suggests that an overwhelming majority of school counselors already have exceeded this minimum criterion.

Reference

Crowe, K. (1990, July). *Selected educational and social statistics: Nevada and National, Form C.* Carson City, NV: Nevada Department of Education.

National Association of State Alcohol and Other Drug Treatment (1990, March). *The cost effectiveness of alcohol and other drug treatment.*

APPENDICES

APPENDIX A: **Committee to Review School Counselor Training in the Field of Alcohol and Other Drug Abuse, 9/90 - 2/91**

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APPENDIX B:

ALCOHOL/DRUG ABUSE TRAINING SURVEY

1. Have you ever received alcohol and other drug abuse training? (Please check one.)

   ___ NO ___ YES

   (If YES, check all training that applies and indicate in the spaces provided where training took place or what organization provided it, the number of hours or credits of training, and the date when training took place. Please avoid abbreviations. Note the number of *credits* taken *only* for university/college coursework and completed in-services where credit was earned. In all other training, note the number of hours of training.)

	Where/Organization	Credits /Hrs.	Date
___ University coursework	_____	_____	_____
___ In-Service credit (min. 16 hrs):			
___ District	_____	_____	_____
___ State	_____	_____	_____
___ Professional Org.	_____	_____	_____
___ Drug-Free Schools Program	_____	_____	_____
___ Workshop/Seminar	_____	_____	_____
___ Community Resource Info.	_____	_____	_____
___ BADA Training (Bureau of Alcohol & Drug Abuse)	_____	_____	_____
___ Other_____ (name)	_____	_____	_____

2. Which of the following components were included in the training you received from the sources checked in the previous question? (Please check all that apply.)

   ___ Legal aspects of alcohol and other drug abuse
   ___ School district alcohol and drug-related policies and administrative regulations
   ___ Identification of behaviors that affect student abusers both positively and negatively
   ___ Signs and symptoms of student chemical use
   ___ Chemical dependence and the individual
   ___ Chemical dependence, the family system, and co-dependency
   ___ Enabling behaviors for alcohol and other drug abuse
   ___ Children of alcoholics
   ___ Techniques for dealing with denial behaviors
   ___ Prevention techniques
   ___ Peer counseling/helping programs
   ___ Intervention techniques
   ___ HIV/AIDS as related to alcohol and other drug abuse
   ___ Relapse prevention/aftercare
   ___ Alcohol and drug pharmacology
   ___ Resources available in Nevada for alcohol and other drug abuse referral
   ___ Case management and planning
   ___ Techniques of counseling and methods of treatment
   ___ Confidentiality issues related to alcohol and other drug abuse
   ___ Other (Please name)_____

   _____

(OVER)

3. Please list, in order of importance, the five (5) main components of alcohol & other drug abuse training that you believe are critical for school counselors. (Avoid abbreviations.)

1) _____

2) _____

3) _____

4) _____

5) _____

4. On a scale from 1-5, how important do you believe alcohol and other drug abuse training is in your role as a counselor? (Please circle the appropriate rating.)

Extremely		Somewhat		Not At All
5	4	3	2	1

5. Do school counselors need continuing education regarding alcohol and other drug abuse?

___ NO ___ YES ___ DON'T KNOW

6. Is alcohol and other drug abuse training available to you?

___ NO ___ YES ___ DON'T KNOW

7. Should more training be made available to you?

___ YES ___ NO ___ DON'T KNOW

8. Principal workplace (Please check only one):

___ High School ___ Middle/Junior High ___ Elementary

9. Sex: ___ Female ___ Male

Comments: _____

_____

_____

Thank you for your assistance.